

## Application Data Sheet

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	LOW ADHESION ADDITIVE
Attorney Docket Number::	FCW-006
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Michel
Middle Name::	Ken
Family Name::	Lovell
City of Residence::	Marshalltown
State or Province of Residence::	IA
Country of Residence::	US
Street of mailing address::	2405 New Salem Road
City of mailing address::	Marshalltown
State or Province of mailing address::	IA
Postal or Zip Code of mailing address::	50158

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Ted
Middle Name::	Dennis
Family Name::	Grabau
City of Residence::	Marshalltown
State or Province of Residence::	IA
Country of Residence::	US
Street of mailing address::	2365 Oak Park Road
City of mailing address::	Marshalltown
State or Province of mailing address::	IA
Postal or Zip Code of mailing address::	50158

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US

Status::	Full Capacity
Given Name::	Wilbur
Middle Name::	Dean
Family Name::	Hutchens
City of Residence::	Marshalltown
State or Province of Residence::	IA
Country of Residence::	US
Street of mailing address::	2207 Wakefield Drive
City of mailing address::	Marshalltown
State or Province of mailing address::	IA
Postal or Zip Code of mailing address::	50158
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Jason
Middle Name::	Gene
Family Name::	Olberding
City of Residence::	Marshalltown
State or Province of Residence::	IA
Country of Residence::	US
Street of mailing address::	1804 Edgebrook Drive
City of mailing address::	Marshalltown
State or Province of mailing address::	IA
Postal or Zip Code of mailing address::	50158
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Harry
Middle Name::	Chester
Family Name::	Champlin
City of Residence::	Mystic
State or Province of Residence::	CT
Country of Residence::	US
Street of mailing address::	8 Indigo Street
City of mailing address::	Mystic
State or Province of mailing address::	CT
Postal or Zip Code of mailing address::	06355

#### **Correspondence Information**

Correspondence Customer Number::	00959
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#### **Representative Information**

Representative Customer Number::	00959
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**Assignee Information**

Assignee name:: FISHER CONTROLS INTERNATIONAL  
Street of mailing address:: 205 South Center Street  
City of mailing address:: Marshalltown  
State or Province of mailing address:: IA  
Postal or Zip Code of mailing address:: 50158